

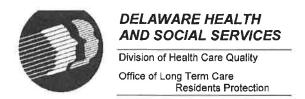
STATE SURVEY REPORT

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NAME OF FACILITY: Millcroft Assisted Living

DATE SURVEY COMPLETED: March 15, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION
	A Complaint Survey was conducted by the		
	State of Delaware Division of Health Care		
	Quality, Office of Long Term Care Resi-		
	dents Protection from March 10, 2021		
	through March 15, 2021. The facility was		
	found to be out of compliance with the		
	Title 16 Health and Safety Delaware Ad-		
	ministrative Code, 3225 Assisted Living		
	Facilities regulations. The sample size		
	was three residents. The facility census		
	on the first day of the survey was 18.		
	Abbreviations/Definitions used in this re-		
	port:		
	AA – Activity Aide;		
	AD – Activity Director;		
	AL - Assisted Living;		
	CN – Charge Nurse;		
	DA – Dietary Aide;		
	DHCQ - Division of Health Care Quality;		
	DPH – Division of Public Health;		
	DRC – Director of Resident Care;		
	FSD – Food Service Director;		
	LTC – Long Term Care;		
	NHA – Nursing Home Administrator;		
	POA – Power of Attorney;		
	RDO – Regional Director of Operations;		
	SNF – Skilled Nursing Facility.		ŀ
	Regulations for Assisted Living Facilities		
3225.0	Authority and Applicability		
2.0	These regulations are promulgated in ac-		
	cordance with 16 Del.C. Ch. 11 and shall		
	apply to any facility providing assisted		
	living to elderly individuals or adults with		
	disabilities.		
	General Requirements		
		Title Executive Director Date	11-11-1



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SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
5.0 5.8	An assisted living facility shall recognize the authority of a representative acting on the resident's behalf pursuant to Delaware law, as long as such representative does not exceed his/her authority. The facility shall request and keep on file any documents such as an advance directive, living will, do not resuscitate, and power(s) of attorney.	 5.0 (5.8) - General Requirements A. R1 was not adversely affected by this alleged deficient practice, skin tear is healing without any further complications B. All residents have the potential for being affected by this alleged deficient practice 	Completion Date: 5/7/21
	This requirement was not met as evidenced by: Based on interviews and review of a clinical record and facility documentation as indicated, it was determined that for one (R1) out of three sampled residents, the facility failed to recognize F1 as R1's representative by failing to notify F1 after R1 sustained an injury during a transfer. Findings include:	C. Charge nurse (CN) involved has been education by DRC on 3/12/2021 regarding notifying the responsible party (POA) on any changes in residents. DRC will re-educate licensed staff on notification to POA regarding change in condition by 3/19/2021 Leadership team will be educated by ED/DRC on shift-to-shift communication review by 3/19/2021.	
	Review of R1's clinical record revealed: F1 was listed as R1's responsible party, POA – Care and Emergency Contact #1 in the clinical record. 3/5/2021 at 3:30 PM – The facility's incident report stated that R1, the resident, was notified of the skin tear injury sustained during a transfer. The facility failed to recognize F1 as the responsible party and notify F1 of R1's injury. 3/10/2021 at 11:43 AM – During an interview, F1 stated that the facility did not notify her of R1's injury during a transfer. F1 stated that R1 informed her during a	D. DRC or designee will audit POA/family notification by utilizing shift-to-shift communication and reporting resident changes at stand- up. DRC/designee will review documen- tation in the medical record of POA/responsible party notifications within 24 hours of transfer to verify compliance by initialing shift-to-shift communication tool to achieve 100% compliance with notification. Results will be discussed during quarterly QAPI meeting	

telephone conversation at a later time.



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SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
14.0 14.1	3/15/2021 at 2:30 PM — During an interview, R1 stated that the facility did not notify F1 of the injury during transfer and they are supposed to call F1 regarding any incidents. R1 stated that she told F1 about the incident on the phone the next day. 3/15/2021 at 4:46 PM — Finding was reviewed during the Exit Conference with E1 (NHA) and E2 (DRC). The facility failed to recognize F1 as R1's representative by not notifying F1 of R1's injury sustained during a transfer on 3/5/2021. Residents Rights Assisted living facilities are required by 16 Del.C. Ch. 11, Subchapter 11, to comply with the provisions of the Rights of Patients covered therein. § 1121. Resident's Rights.		
	 (b) It is declared to be the public policy of this State that the interests of the residents shall be protected by a declaration of a resident's rights, and by requiring that all facilities treat their residents in accordance with such rights, which shall include the following: (1) Each resident shall have the right to receive considerate, respectful, and appropriate care, treatment and services, in compliance with relevant federal and 		
	state law and regulations, recognizing each person's basic personal and property rights which include dignity and individuality.		

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Title Executive Director Date 4/7/2021

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NAME OF FACILITY: Millcroft Assisted Living

DATE SURVEY COMPLETED: March 15, 2021

SECTION	STATEMENT OF DEFICIENCIES		
SECTION	SPECIFIC DEL TOLLICLES	CONNECTION OF DEFICIENCIES	5,112
SECTION	This requirement was not met as evidenced by: Based on observations and interviews, it was determined that for one (R1) out of three sampled residents, the facility failed to recognize each person's dignity and individuality by serving three daily meals using disposable products (plates, cups and utensils). Findings include: 3/10/2021 at 2:20 PM – The Surveyor was told by E2 (DRC) upon entrance to the facility that there were no active COVID-19 cases. 3/11/2021 from 8:35 AM to 9 AM – Observation of breakfast revealed that the facility served the meal using disposable products to R1's room. 3/11/2021 at 10:20 AM – During an interview, E5 (FSD) stated there were no current equipment (i.e. dishwasher) disrepair issues going on in the main kitchen	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES 14.1 € 1121(b)(1) — Resident's Rights A. R1 will be served meals on the appropriate dinnerware for all meals unless resident makes a specific request to do otherwise B. All the residents have the potential	Completion date 5/7/21
	that served the facility. 3/11/2021 at 12:20 PM – Observation of lunch revealed that the facility served the meal using disposable products to R1's room.	to be affected by this alleged deficient practice. C. FSD or designee will verify that all residents are served all three meals with appropriate dinnerware unless	
	3/11/2021 at 12:36 PM — During an interview, when E7 (DA) was asked why the meals were being served with disposable products, E7 stated, "because of COVID."	there is rationale that would pre- clude this (i.e. communicable dis- ease outbreak). D. ED/FSD or designee, will observe meal service delivery daily to verify that appropriate dinnerware is in	
	3/11/2021 at 12:45 PM – During a follow- up interview, E5 (FSD) stated that they	place prior to leaving kitchen x 2 weeks, then weekly x 2 weeks until	

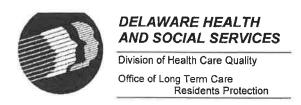
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were using disposable products because

TITLE EXECUTIVE DINGEN

100% compliant and finding will be

Date 472



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NAME OF FACILITY: Millcroft Assisted Living

DATE SURVEY COMPLETED: March 15, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	the facility was in "Phase 1 for COVID-19."	discussed at quarterly QAPI meeting	
	3/15/2021 at 2:30 PM — During an interview, R1 stated that she has not been to the dining room for months. R1 stated, "I don't like it. You try to eat lasagna on a styrofoam plate that was placed on a folding table in my room. It is difficult using a plastic knife to cut meat."		
	3/15/2021 at 4:46 PM — Finding was reviewed with E1 (NHA) and E2 (DRC). The facility failed to recognize R1's dignity and individuality by serving each meal using disposable products.		
	(14) a. Each resident may associate and communicate, including visits and visitation, privately and without restriction with persons and groups of the resident's own choice, on the resident's own or their initiative, at any reasonable hour.		
	(31) Each resident shall be free to make choices regarding activities, schedules, healthcare, and other aspects of the resident's life that are significant to the resident, as long as such choices are consistent with the resident's interests, assessments, and plan of care and do not compromise the health or safety of the individual or other residents within the facility.		
	Based on interviews and review of facility documentation and the DHCQ/DPH reopening plan and visitation guidance document, dated 1/26/2021, it was determined that for one (R1) out of three resi-		
Provider's S	ument, dated 1/26/2021, it was determined that for one (R1) out of three resi-	Title Executive director Date L	17/2



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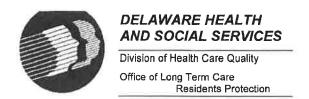
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NAME OF FACILITY: Millcroft Assisted Living		DATE SURVEY COMPLETED: March 15, 2021		
SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE	
	dents sampled, the facility failed to provide F1, R1's representative, with the requirements for and to facilitate the Support Person visitation with R1 after F1's repeated requests for detailed information. Findings include: 1/26/2021 – The COVID-19 Updated Reopening Plan in Long Term Care (LTC) Facilities stated, "The DHCQ supports family engagement and has updated the guidance to permit designated support persons (SPs) in the facility regardless of the facility's COVID-19 status The LTC facility reopening plan must be fluid, in line with facility-specific conditions, and under the direction of the Delaware Division of Health Care Quality (DHCQ), Division of Public Health (DPH), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS) Implementation of SPs should be accompanied by preplanning and communications with facility staff, residents, and their designated representatives It will also be important to share information on the COVID-19 status of the facility with the SPs". 2/19/2021 at 11:05 AM — An email sent from E8 (AD in the SNF) to F1 stated, " Please see below. Please call E3 (CN in the AL) or myself if we can answer any questions". The following email was attached: 2/18/2021 at 3:48 PM — An email sent from E9 (RDO) to the residents' families stated, " As promised (DHCQ) has made it possible for us to offer sup-	 14.1 € 1121(14)(31) – Resident's Rights A. R1 was not adversely affected by the practice. B. All residents and family members have the potential to be affected by this alleged deficient practice. C. All residents will receive a printed copy of any communication addressed to them and responsible parties by the ED or designee. All families will receive communication via email regarding any changes in visitation requirements in the facility. E3 (CN in AL) and DRC re-educated on the facility policy regarding visitation as a support person and that family members should receive clarifications in a timely manner by 3/19/2021. ED obtained updated email address for R1's representative (F1) on 2/25/2021 and was added to the families email list by the ED BOM/designee will audit 100% of resident family members' emails to verify that the facility has the most 	Completion date 5/7/21	
	has made it possible for us to offer support services for the residents in our SNF.	·		

Provider's Signature

A support person (SP) is defined as a family member or outside caregiver who

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NAME OF FACILITY: Millcroft Assisted Living

SECTION

STATEMENT OF DEFICIENCIES ADMINISTRATOR'S PLAN FOR COMPLETION SPECIFIC DEFICIENCIES CORRECTION OF DEFICIENCIES DATE

prior to visiting restrictions were regularly engaged with the resident at least once a week to provide companionship and/or assist with activities requiring one-on-one direction. The goal of a support person (SP) is to help high-risk residents who are missing care previously by a loved one or outside caregiver. We want to offer you the opportunity to gain additional information and guidance for our facility to elect a family member/companion as your loved ones designated support person(s), please contact (name of E8 in the SNF)... for requirements and scheduling for Healthcare and (name of E3 in the AL)...".

2/19/2021 at 12:45 PM — An email sent from F1 to E8 (AD in the SNF) stated, "Please provide the specific information via email communication. I want to get started as soon as possible. My (name of R1) is in AL (room #)...".

2/19/2021 at 5:25 PM — An email sent from E3 (CN) to F1 stated, "... Thank you for contacting us. We are in the process of coming up with a plan to best execute the support person visit in the safest way possible including COVID-19 testing requirement prior to the visitation. We will get back to you as soon as possible. Thank you for your understanding." The facility failed to follow up with F1 to provide the requirements for and to facilitate Support Person visitation.

2/25/2021 at 3:34 PM – An email sent from E1 (NHA) to the residents' families stated, "... Like everything else, reopening is in phases, and at the moment, we are

D. ED will review 10% of resident weekly x 4 weeks and then monthly x 2 months, until 100% compliance is achieved. Results will be discussed at quarterly QAPI meeting.

Title Executive Director Date 4/7/24

Provider's Signature



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	allowing responsible visitation of support		
	persons and visitors. We are carefully fol-		
	lowing guidelines from DHCQ and CDC		
	towards the reopening of our communi-		
	ties. Effective immediately, support per-		
	sons and visitors can visit their loved ones		
	in the facility. The in-person visitation		
	must be done through scheduling. Please		
	contact (name of E8 – AD in the SNF)		
	(name of E4 – AD in AL) (name of E3 –		
	CN in AL). Families are encouraged to call		
	the facility and received (sic) confirmation		
	as to the date and time of their visitation.		
	Support persons and visitors must wear a		
	mask and maintain a 6ft social distance at		
	all times. Facility staff will guide you		
	through your visitation. Some other doc-		
	umentation will require completion		
	through your visitation To continue with		
	our in-person reopening and to keep our		
	residents and families safe, we must fol-		
	low the guidelines outline (sic) to us		
	through the DHCQ and CDC We are		
	thrill (sic) to open our doors to our resi-		
	dents' support persons, friends and fami-		
	ly".		
	3/1/2021 at 7:35 AM – An email sent		
	from F1 to E3 (CN) regarding Support Per-		
	son stated, "Please provide an update".		
	2/4/2024 - 1.0.45 AA4		
	3/1/2021 at 9:16 AM – An email sent		
	from E3 (CN) to F1 regarding Support Per-		
	son stated, " You may please contact E2		
	(DRC) for any further updates at this		
	time".		
	3/1/2021 at 9:51 AM – An email sent		
	from F1 to E2 (DRC) regarding AL visit up-		
	date request stated, "Please provide an		
	update for visits to (name of R1 and room		
	abrage to Alsits to flighte of IVT and Loom		

Provider's Signature

Title Executive DirectW Date 4/7/2/



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NAME OF FACILITY: Millcroft Assisted Living

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	number)."		
	3/15/2021 at 2 PM – During a combined interview, E1 (NHA) confirmed that F1's email address was not updated on his family communication list that he used to provide updates on the facility's reopening plan and COVID-19 status. E1 immediately updated F1's email address. E2 (DRC) acknowledged that the facility failed to provide F1 the requirements for and to facilitate the Support Person visitation with her family member, R1.		
	3/15/2021 at 4:46 PM — Finding was reviewed with E1 (NHA) and E2 (DRC) during the Exit Conference. The facility failed to provide F1 with the requirements for and to facilitate the Support Person visitation with R1 despite F1's repeated requests to multiple staff members for detailed information.		

Provider's Signature

Title Executive Director Date 4 17/21